

Southwest Licking local school district

Immunization Exemption Form for Parents and Guardians

Name of Student: _____ Date of Birth: _____

Name of Parent/Legal Guardian: _____

Indicate immunization exemption or exemptions you are requesting below.

Part I – Medical Exemption

_____ Immunization is medically contraindicated. A written physician certification that the listed immunization(s) is/are contraindicated must be attached to this Form.

Part II – Student has had natural mumps, measles (rubeola), and/or chicken pox

_____ Attach signed physician statement that includes the month and year the student had natural rubeola (measles), mumps, and/or chicken pox; OR

If physician statement is not submitted, please check all that apply and sign this form:

_____ (1) Student named herein has had natural rubeola (measles)*

_____ (2) Student named herein has had natural mumps*

_____ (3) Student named herein has had natural chicken pox^

* In a measles or mumps outbreak situation, only a written statement signed by a physician, including the month and year of the infection, is acceptable in lieu of vaccination; otherwise, the exempted student shall be excluded in accordance with Ohio Department of Health rules/orders.

^ During a chicken pox epidemic, an otherwise exempted student may be excluded.

Part III – Reasons of conscience (which may include religious convictions)

I hereby decline, for reasons of conscience _____ [option to set forth specific reason(s), which may include religious convictions], to have the student named herein immunized from:

_____ (1) All immunizations required by Ohio law for school attendance; OR

_____ (2) The vaccine(s) listed below (list each immunization for which you are requesting exemption) _____

Part IV – Acknowledgment

By signing below, I acknowledge that the above statement(s) are my own (as applicable) and understand that in the event of an outbreak or epidemic, the student named herein is subject to exclusion from school in accordance with Ohio law.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____